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APPLICANTS

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** CONTINUING DATA *****

Vor C

** FOREIGN APPLICATIONS *****

GERMANY 102 28 828.3 06/27/2002

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** 09/17/2003

Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	GERMANY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>[Signature]</i> Examiner's Signature	<i>[Initials]</i>	2	11	1

ADDRESS

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TITLE

Modular hearing aid device

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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